

## CHAPTER 11

### SECTION 2.1

# NONAVAILABILITY STATEMENT (DD FORM 1251) FOR INPATIENT CARE AND SELECTED OUTPATIENT PROCEDURES

Issue Date: February 16, 1983

Authority: [32 CFR 199.4\(a\)\(9\)](#) and [32 CFR 199.7\(a\)\(7\)](#)

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## I. DEFINITION

A valid Nonavailability Statement (NAS) is an official Department of Defense document (DD Form 1251) issued by the commander (or a designee) of a Uniformed Services Medical Treatment Facility (MTF) which certifies that a specific medical service was not available to a beneficiary at, or through, the MTF at the time the beneficiary sought the service. There are two kinds of NAS, inpatient nonavailability statements (INAS) or outpatient nonavailability statements (ONAS).

## II. POLICY

A. A claim shall not be paid for nonemergency inpatient care or for nonemergency outpatient care for certain select procedures rendered to a beneficiary who resided at the time the care was rendered within a U.S. Postal Service Zip Code area listed as a part of an MTF catchment area in the "Catchment Area Directory, U.S. Inpatient", unless the NAS authorization resides on the Defense Enrollment Eligibility Reporting System (DEERS) or the claim is accompanied by a valid NAS or, in the case of an electronic media claim (EMC) or UB-92 claim, there is an endorsement on the claim that the NAS is on file with the provider. For inpatient NASs (INAS) issued between October 1, 1991, and December 31, 1996, and for outpatient NASs (ONAS) effective with dates of service between October 1, 1991, and September 22, 1996, for certain select procedures listed in [paragraph II.F.](#) of this policy, claims shall not be paid unless a valid NAS authorization resides on DEERS. EXCEPTION: Copies of NASs shall continue to be required to be attached to foreign claims. See the NAS requirements in [OPM Part Two, Chapter 1.](#)

1. Effective for NASs issued on or after January 1, 1997, a claim accompanied by a hardcopy of a valid NAS will be payable even if no NAS authorization resides on DEERS.

2. For admissions on or after September 23, 1996, an INAS is not required for beneficiaries who are enrolled in TRICARE Prime even when these beneficiaries use the point of service (POS) option. For outpatient services provided on or after September 23, 1996, the ONAS requirement is eliminated for all TRICARE beneficiaries.

B. The requirement for an INAS for inpatient hospital maternity care must be met for TRICARE/CHAMPUS cost-share of any related outpatient maternity care. Refer to

"EXCEPTIONS" of this section for maternity related D&C and for information on NATO family members.

*NOTE: Effective for maternity episodes wherein the first prenatal visit occurs on or after March 26, 1998, the requirement that a non-enrolled beneficiary must obtain an INAS for inpatient hospital maternity care before TRICARE/CHAMPUS shares in any costs for related outpatient maternity care is eliminated. For such maternity episodes, nonavailability statements are no longer required for outpatient prenatal or postpartum care. In the case of a claim where the contractor has no information regarding the date of the first prenatal visit, the contractor may assume that the first prenatal visit occurred on or after March 26, 1998.*

C. For hospital admissions occurring during the period January 1, 1985, through September 22, 1996, an INAS is necessary for all claims for inpatient care under the Cooperative Care Program. For hospital admissions occurring on or after September 23, 1996, this INAS requirement applies only to non-enrolled beneficiaries. An ONAS is necessary for all Cooperative Care claims submitted for reimbursement of the selected procedures and related services provided during the period October 1, 1991, through September 22, 1996, as listed in [paragraph II.F.](#) of this policy.

D. An INAS for inpatient medical care in connection with covered or noncovered dental care, is required only if the retiree or active duty family member beneficiary resides in a catchment area of certain MTFs designated to provide dental services to retirees and family members. The claim must also include preauthorization from the dental contractor for the hospitalization. Although the dental care may not be a TRICARE/CHAMPUS benefit, an INAS is required for any related medical condition.

E. The MHS Catchment Area Directory (Volume I, U.S., Inpatient) is incorporated by reference in the [OPM Part Two, Chapter 1, Addendum A, Figure 2-1-A-14.](#)

F. An ONAS is required by a beneficiary (refer to "EXCEPTION" in this section for information on NATO family members) residing in a catchment area for services or supplies related to the following categories of procedures performed during the period October 1, 1991, through September 22, 1996, whether performed on a outpatient institutional or outpatient noninstitutional basis:

(61) GYN laparoscopy - (56300 - 56399), (66.20 - 66.29, 68.12, 68.15, 68.16). Excludes procedure codes 56355, 56340, 56341, 56342.

(62) Cataract removal - (66830 - 66984) (13.1 - 13.5x, 13.69).

(63) GI endoscopy - (43200 - 43272, 45300 - 45385) (42.22 - 42.24, 44.11 - 44.14, 45.21 - 45.25). Excludes removal of foreign bodies (43215, 45307) and decompression of volvulus (45321).

(64) Myringotomy or tympanostomy - (69420 - 69436) (20.01, 20.09, 20.23).

(65) Arthroscopy (shoulder, elbow, wrist, knee, ligament, and ankle) - (29815 - 29898) (80.2).

(66) Dilation and curettage (D&C) for diagnostic or therapeutic reasons - (58120) (69.0 - 69.09).

(67) Tonsillectomy or adenoidectomy - (42820 - 42836) (28.2 - 28.3, 28.6).

(68) Cystoscopy - (52000 - 52340) (56.0, 56.33, 57.0, 57.31 - 57.33).

(69) Hernia repair (49495 - 49590) (53.00 - 53.9). Excludes procedure codes 49496, 49501, 49507, 49521, 49553, 49557, 49561, 49566, 49572, 49582, 49587.

(70) Nose repair (rhinoplasty and septoplasty) - (30400 - 30520) (21.5, 21.8x).

(71) Ligation or transection of fallopian tube(s) (58600 - 58615) (66.3x).

(72) Strabismus repair (eye muscle surgery) - (67311 - 67340) (15.0x - 15.9, excluding 15.01, biopsy of extraocular muscle or tendon).

(73) Breast mass or tumor excision - (19120-19126) (85.2x).

(74) Neuroplasty (decompression or freeing of nerve from scar tissue) - (64702 - 64727) (04.4x, 04.7x).

*NOTE: The narrative description for the selected outpatient procedures is followed first by the CPT procedure code and then by the International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) procedure code. Additionally, each year since 1991, the CPT codes listed above have been updated to only reflect the most current CPT codes for identifying the above categories of procedures. The CPT codes listed above reflect coding changes published in the 1994 CPT code book and are considered to be appropriate for TRICARE/CHAMPUS use on or after January 1, 1994. (Refer to [ADP Manual, Chapter 6, Addendum A](#) for previous years listing of CPT codes.)*

### III. POLICY CONSIDERATIONS

A. NAS Not authorization for TRICARE/CHAMPUS benefits. An NAS in no way authorizes the listed service or services as a TRICARE/CHAMPUS benefit.

B. Requirements for NAS to be issued. The DoD Instruction 6015.19, "Issuance of Nonavailability Statements" ([Enclosure 1](#)), in effect at the time the care is rendered apply in determining the applicable requirements for the issuance of an NAS by an MTF. The authority for issuing an NAS is limited to an MTF commander (or the commander's designee). Effective December 9, 1996, the DoD Instruction 6015.19 is canceled and replaced by DoD Instruction 6015.23, "Delivery of Healthcare at Military Treatment Facilities (MTFs)" ([Enclosure 5](#)).

#### C. NAS Validity.

1. An NAS is valid for the adjudication of TRICARE/CHAMPUS claims for all related care otherwise authorized which is received from a civilian source while the beneficiary resided within the MTF catchment area which issued the NAS.

2. An NAS issued by a Command outside the United States is not valid for care in facilities which are located within the 50 states, Puerto Rico, or in the District of Columbia. Conversely, an NAS issued by an MTF in the U.S. is not valid outside the 50 states, Puerto Rico, or District of Columbia.

3. An INAS issued during the period October 1, 1991 through December 31, 1996, or an ONAS for dates of services during the period October 1, 1991, through September 22, 1996, is valid only if it is resident on DEERS and can be accessed through a query to DEERS.

*NOTE: Effective for NASs issued on or after January 1, 1997, a claim accompanied by a hardcopy of a valid NAS will be payable even if no NAS authorization resides on DEERS. See the NAS requirements in **OPM Part Two, Chapter 1**.*

4. An INAS issued before October 1, 1991, is valid only if:

- a. it is resident on DEERS, or
- b. submitted on NAS form "DD Form 1251 84 AUG" (or earlier editions if the NAS was issued before October 1, 1985) regardless of when the claim is filed, or
- c. the institutional provider has indicated in positions 35-39 of the UB-82 that the NAS is on file, or
- d. item 218 "Remarks" on the UBF-1 has the statement "DD 1251 on file."

5. An INAS is valid for a medically necessary hospital admission which occurs within 30 calendar days of issuance. The NAS shall remain valid from the date of admission until 15 days after discharge for any follow-on treatment which is directly related to the admission. An ONAS is only valid for a select procedure listed in paragraph II.F. of this policy when performed within 30 calendar days of issuance.

6. For maternity care, **for the purposes of INAS validity**, the date of admission is the date when the patient entered into the prenatal care program with a civilian provider. The maternity INAS shall remain valid until 42 days following termination of the pregnancy. **The maternity INAS should be issued around** the first prenatal visit.

7. For newborn care, in the event that a newborn infant remains in the hospital continuously after the discharge of the mother, the mother's INAS shall be deemed valid for the infant in the same hospital for up to 15 days after the mother's discharge. Beyond this 15-day limit, a claim for nonemergency inpatient care requires a valid INAS in the infant's name.

*NOTE: (1) For INASs issued between October 1, 1991, and December 31, 1996, and for ONASs for dates of service between October 1, 1991, and September 22, 1996, all NASs must be accessible through DEERS. EXCEPTION: All CONUS (includes Alaska, Hawaii and Puerto Rico) newborns requiring the issuance of an INAS must be enrolled on DEERS prior to claims processing. Copies of NASs shall continue to be required to be attached to foreign claims. DEERS will accept enrollment of the infant requiring an INAS via a hospital issued certificate of live birth. Newborns not requiring an INAS will still have up to one year to be enrolled on DEERS and can use either a state*

*certified birth certificate, a hospital issued certificate of live birth, the baptismal record or hospital discharge papers.*

*NOTE: (2) Effective for NASs issued on or after January 1, 1997, a claim accompanied by a hardcopy of a valid NAS will be payable even if no NAS authorization resides on DEERS. See the NAS requirements in **OPM Part Two, Chapter 1.***

8. In cases of multiple inpatient admissions for the same diagnosis, effective October 1, 1991, an INAS may be issued for an entire episode of treatment, valid for a one year period from the date of issuance, (e.g., inpatient chemotherapy or dialysis, etc.). In no case shall an INAS be valid for more than one year. The select procedures listed in **paragraph II.F.** of this policy are a one-time occurrence and not for chronic conditions; therefore, no ONAS will be valid for greater than 30 calendar days from the date of issuance. (See **OPM Part Two, Chapter 1, Section IV.G.2.c.)**

9. When a beneficiary is traveling and is temporarily away from his/her current residence, the first hospital commander contacted in either the beneficiary's home catchment area or the catchment area where hospital care is desired may issue an NAS if the requested care is not available in the location where the care is desired, subject to the requirements of the DoD Instruction 6015.19, F.12.

10. A retroactively issued NAS is issued only if the services listed could not have been rendered in the MTF, or it would have been medically inappropriate to have sought MTF admission at the time services were delivered in the civilian sector. The retroactive effective date shall match the inpatient admission date.

11. If a beneficiary has been issued an ONAS and the procedure is performed on an inpatient basis, an INAS is still required.

12. An ONAS is not required when a beneficiary has an INAS, and the procedure normally requiring the ONAS is performed during the inpatient stay for which the INAS is valid.

13. **For validity of NASs for bone marrow and organ transplantation issued by specialized treatment service facilities, see OPM Part Two, Chapter 24, Section III.A.16.**

D. Knowledge of NAS requirement. A beneficiary is responsible for determining if an INAS or an ONAS is required for his or her area of residence and for obtaining one, if required, by first seeking nonemergency care in the responsible MTF. The requirement for an NAS applies to any nonemergency care while the non-enrolled beneficiary is away from his or her residence.

E. Related Claims. A copy of the INAS valid for a specific inpatient admission is required for any inpatient services claim (institutional, professional or ancillary service claim) related to that admission or the claim must be associated with the previously submitted inpatient hospital claim and its required INAS. (See **OPM Part Two, Chapter 1, Section IV.G.**). For INASs issued between October 1, 1991, and December 31, 1996, DEERS must contain a valid NAS authorization with the appropriate validity date parameters specified in **paragraph III.C.**, above. For dates of service between October 1, 1991, and

September 22, 1996, DEERS must contain a valid ONAS, authorization (valid for 30 calendar days from the date of issuance) in order that all claims associated with the select procedures in [paragraph II.F.](#) of this policy may be processed. Related claims include professional, facility, ancillary, etc.

*NOTE: Effective for NASs issued on or after January 1, 1997, a claim accompanied by a hardcopy of a valid NAS will be payable even if no NAS authorization resides on DEERS. See the NAS requirements in [OPM Part Two, Chapter 1.](#)*

#### IV. EXCEPTIONS

A. When a beneficiary has "other insurance" that provides primary coverage, neither an INAS nor an ONAS is required for nonemergency services provided to a beneficiary who resides within an MTF catchment area. The conditions for applying this provision are:

1. The "other insurance" must be primary under the provisions of [Chapter 13, Section 12.1.](#) (See also: [OPM Part Two, Chapter 3.](#))
2. Documentation that the "other insurance" processed the claim and of the exact amount paid must be submitted with the TRICARE/CHAMPUS claim.
3. For INAS purposes, the "other insurance" must be a medical-hospital-surgical plan which at least covers inpatient hospitalization of the beneficiary.
4. When the mother's "other insurance" does not cover the newborn, an INAS will not be required for the first three days of newborn care. If a newborn becomes a patient in his or her own right, the INAS requirement applies.

B. Emergency. Neither an INAS nor an ONAS is required to adjudicate a claim for a medical or psychiatric emergency. A medical emergency is the sudden and unexpected onset of a medical condition or the acute exacerbation of a chronic condition that is threatening to life, limb, or sight, and requires immediate medical treatment or which manifests painful symptomatology requiring immediate palliative efforts to alleviate suffering (pain associated with pregnancy or incipient birth after the 34th week of gestation are not emergency conditions). Examples include heart attacks, poisoning, convulsions, kidney stones, placenta previa, abruptio placenta, etc. A psychiatric emergency is a condition listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders which causes the beneficiary to pose an imminent risk to self or imminent danger to others. (See also: [32 CFR 199.2](#), Definitions: Medical Emergency; and [Chapter 1, Section 7.1](#) and [Chapter 13, Section 15.1.](#))

C. CHAMPVA. Civilian Health and Medical Program of the Veterans Administration (CHAMPVA) beneficiaries are not subject to the NAS requirements since they are not eligible for MTF care.

D. Active-duty-mother's newborn. If an active duty service member is admitted and gives birth in a civilian hospital, an NAS for the infant is not required if the infant's stay does not exceed 3 days.



E. Illegitimate Newborn of Active-Duty or Retiree Father and Ineligible Mother. The NAS requirements for the illegitimate newborn (who qualifies as an eligible TRICARE beneficiary) of an active-duty or retiree father and an ineligible mother are the same as for newborns of active-duty mothers.

F. Specific Programs.

1. Neither an INAS nor an ONAS is required for care rendered by the following providers or programs:

Military-Civilian Health Services Partnership Program

Program for Persons with Disabilities (formerly known as Program for the Handicapped)

Residential Treatment Centers (RTC)

Skilled Nursing Facilities (SNF)

Student Infirmaries

Substance Use Disorder Rehabilitation Facilities (SUDRF)

Birthing Centers

2. Ambulatory Surgical Procedures. For services provided during the period October 1, 1991, through September 22, 1996, an ONAS is required for those ambulatory surgical procedures identified in [paragraph II.F.](#) of POLICY.

G. In certain situations, such as when a tubal ligation is performed during the same inpatient admission, following a delivery, an ONAS is not required if an INAS already exists on DEERS. See NOTE under [paragraph IV.H.](#) below.

H. Either a maternity related INAS or ONAS is required (not both) for a D&C resulting from a spontaneous or missed abortion.

*NOTE: Effective for maternity episodes wherein the first prenatal visit occurs on or after March 26, 1998, an NAS is not required for any maternity related outpatient procedures, including outpatient D&C resulting from a spontaneous or missed abortion.*

I. Only one ONAS is required when one or more of the procedures listed under paragraph F.1. through 14. of this section is (are) performed within the same period for which the ONAS was issued. This paragraph applies to services provided prior to September 23, 1996.

J. NASs are not issued for care received by NATO family members (NATO personnel do not have Social Security numbers and are not usually listed in DEERS). TRICARE/CHAMPUS may cost-share covered care for NATO family members without an NAS, e.g., ambulatory surgical procedures, outpatient maternity care (prenatal care, home deliveries,

postpartum care, etc.). Refer to [Chapter 13, Section 11.1](#), and [Section 11.4](#), for cost-sharing formulas that apply to all beneficiaries, including NATO family members.

K. For admissions on or after September 23, 1996, an INAS is not required for beneficiaries who are enrolled in TRICARE Prime even when these beneficiaries use the POS option. For outpatient services provided on or after September 23, 1996, the ONAS requirement is eliminated for all TRICARE beneficiaries.

- END -